

## Supplemental Application Data Sheet

### APPLICATION INFORMATION

Application Number::	<u>10/549,509</u>
Filing Date::	<u>September 21, 2006</u>
Application Type::	35 U.S.C. 371 (c) (2)
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1633
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	MODEL FOR MUSCULAR DYSTROPHY AND CARDIOMYOPATHY
Attorney Docket Number::	36180-100472
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Currie  
Name Suffix::  
City of Residence:: Camberwell  
State or Prov. of Residence:: VIC  
Country of Residence:: AU  
Street of mailing address:: 12 Murdoch St  
City of mailing address:: Camberwell  
State or Province of mailing address:: VIC  
Country of mailing address:: AU  
Postal or Zip Code of mailing address:: 3124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GB  
Status:: Full Capacity  
Given Name:: David Ian  
Family Name:: Bassett  
Name Suffix::  
City of Residence:: Gateshead  
State or Prov. of Residence::  
Country of Residence:: GB  
Street of mailing address:: 8 Tempest Street, Blaydon  
City of mailing address:: Gateshead  
State or Province of mailing address::  
Country of mailing address:: GB  
Postal or Zip Code of mailing address:: NE21 4ND

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23644  
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E-mail Address:

## **REPRESENTATIVE INFORMATION**

Representative Customer Number: 23644

Representative Designation:                      Registration Number:                      Representative Name:

## **DOMESTIC PRIORITY INFORMATION**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is a	371 international of	10/549507	03/18/2004

## **FOREIGN APPLICATION INFORMATION**

Country:	Application Number:	Filing Date:	Priority Claimed
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## **ASSIGNEE INFORMATION**

Assignee name::	Victor Chang Cardiac Research Institute Limited
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**Address 2:**

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State or Province of mailing address:: New South Wales  
Country of mailing address:: AU  
Postal or Zip Code of mailing address:: 2010

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